Fidelity Investments 457(b) or Non-Qualified Beneficiary Designation Form

Instructions: Please complete this form and sign it on the back if you are opening a new account and want to designate a beneficiary or if you want to change your existing beneficiary designation on your account. In the future, you may revoke this form and designate a different beneficiary by completing and delivering another Beneficiary Designation Form to Fidelity.

Please complete this form and return it in the postage-paid envelope or mail to:

Fidelity Investments, P.O. Box 770002, Cincinnati, OH 45277-0090

Questions? Call Fidelity Investments at 1-800-343-0860, Monday through Friday from 8:00 A.M. to midnight ET.

	1. YOUR INFORMATION						
Please use a black pen and pr	int clearly in CAPITAL LETTERS.						
This is a: New	account OR Change to an existing beneficiary designation						
Social Security #:	Date of Birth:						
First Name & M.I.:	Last Name:						
Street Address:	Apt No.:						
City:	State: Zip: Zip:						
Daytime Phone:	Evening Phone:						
Name of Current Employer/S	ite/Division:						
Plan Number (if known):	Type of Plan: 457 Section 83						
2. DESIGNATING YOUR BENEFICIARY(IES)							
I am: Single	Married						
	ee primary and three contingent beneficiaries. To designate additional beneficiaries, please attach, date,						
(primary and contingent) total	ciaries, please use whole percentages and be sure that the percentages for each group of beneficiaries al 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, e, and the date the trust was created.						
Primary Beneficiary(ies)						
I hereby designate the peaccount(s) under the plan	erson(s) named below as primary beneficiary(ies) to receive payment of the value of my upon my death.						
1. Individual or Trust Name:	Percentage: %						
Date of Birth or Trust Date	: Relationship to Applicant:						
	Spouse OR Trust OR Other						
PLEASE NOTE: Sect	ion 2 is continued on the next page. Fill out items 2 and 3 only if you						

PLEASE NOTE: Section 2 is continued on the next page. Fill out items 2 and 3 only if you have more than one primary beneficiary.



2. DESIGNATING Y	OUR BENEF	ICIARY(IE	S) (C	JNIINUE	:D)	
2. Individual or Trust Name:				Percenta	.ge:	%
Date of Birth or Trust Date:	Relationship to A	Applicant:		_		
	Spouse O	R Trust	OR	Other		
3. Individual or Trust Name:				Percenta	.ge:	%
Date of Birth or Trust Date:	Relationship to A	Applicant:				
	Spouse O	R Trust	OR	Other	Total:	= 100%
Unless otherwise specified by your plan, if more than one shares to my primary beneficiary(ies) who survives me. It percentage of that beneficiary's designated share shall be of the state of the share shall be designated beneficiary(ies) living at the time of contingent beneficiary(ies) listed below.	f a percentage is ir divided equally an	ndicated and a nong the survi	primar ving pr	y beneficiary imary benefi	(ies) do(es) ciary(ies).	not survive me, the
Contingent Beneficiary(ies)						
1. Individual or Trust Name:					Percentag	ge: %
Date of Birth or Trust Date:	Relationship to A	Applicant:				
	Spouse O	R Trust	OR	Other		
2. Individual or Trust Name:					Percentag	ge: %
Date of Birth or Trust Date:	Relationship to A	Applicant:				
	Spouse O	R Trust	OR	Other		
3. Individual or Trust Name:					Percentag	ge: %
Date of Birth or Trust Date:	Relationship to A	Applicant:				
	Spouse O	R Trust	OR	Other		Total: = 100%
Payment to contingent beneficiary(ies) will be made acco	ording to the rules	of succession	describe	ed under Pri	mary Benef	iciary(ies).
3. AUTHO	ORIZATION A	AND SIGN	ATUR	RE		
 I certify under penalties of perjury that my Social Secur I am aware that the beneficiary information included in until I deliver another completed and signed Beneficiar I understand that I may designate a beneficiary for my my beneficiary will be my surviving spouse, distributio I am aware that the beneficiary information provided hereplace all previous designation(s) I have made to my a 	n this form become by Designation For assets accumulated assets will be made be berein shall apply t	es effective whom to Fidelity vertically to the place on the properties of the prope	en deliv vith a la an and ovisions	vered to Fide ater date; that if I choo s of the plan	se not to d	esignate a beneficiary
Your Signature:		Dai	te:			
10702-BENSC-0202 Fidelity Investm	nents Institutional (Operations Co.	mpany	Inc.		

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Fidelity Investments Institutional Operations Company, Inc.

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